STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305068	A. Building B. Wing	02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Elms Center	71 Elm Street Milford, NH 03055

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on interview, and record review, the facility failed to provide routine medications to meet the needs of the residents for 1 of 1 resident reviewed for dialysis and 1 of 1 resident reviewed for choices. (Resident identifiers are #3 and #49.)Findings include:Resident #3 Review on 2/24/26 of Resident #3's February 2026 Medication Administration Record (MAR) revealed an order for Cinacalcet tablet 30 mg (milligrams) give 1 tablet by mouth one time a day for CKD4 [chronic kidney disease stage 4] give with dinner, with a start date of 6/28/23. Further review of Resident #3's February 2026 MAR revealed the following dates that the Cinacalcet medication was not administered: 2/3, 2/4, 2/5, 2/6, 2/8, 2/9, 2/10, 2/11, 2/12, 2/13, 2/14, 2/16, 2/17, 2/18, 2/19, and 2/20. Review on 2/24/26 of Resident #3's progress notes on 2/18/26 through 2/20/26 revealed that above medication was on order. Further review of Resident #3's progress notes revealed that there was no documentation indicating that the facility followed up with pharmacy or the dialysis center to obtain the above medication. Interview on 2/24/2026 at approximately 12:30 p.m. with Staff A (Clinical Consultant) confirmed that the above medication was not available at the facility and there was no follow up to obtain it. Resident #49 Interview on 2/22/26 at approximately 11:24 a.m. with Resident #49 revealed that he/she was newly admitted to the facility and cannot remember if they received their medications on the first day at the facility. Review on 2/24/26 of Resident #49's Progress Note dated 2/10/26 at 10:41 p.m. revealed, . 1345 [1:45 p.m.] Res [Resident #49] arrived in the facility. Most of the medications not here [not available]. Review on 2/24/26 of Resident #49's February 2026 Medication Administration Record (MAR) revealed the following medications were not administered per the physician's orders: Fluticasone Propionate Nasal Suspension 50 MCG/ACT (micrograms) (Fluticasone Propionate (Nasal)), 1 spray in both nostrils two times for environmental allergies with a start date of 2/10/26 and scheduled to be administered at 9:00 a.m. and 9:00 p.m. was not administered on the following dates and times: 9:00 a.m.: 2/11/26-2/16/26, 2/18/26-2/22/26, and 2/24/26 (12 times); and 9:00 p.m.: 2/10/26, 2/12/26-2/14/26, and 2/20/26 (5 times). (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	305068	A. Building B. Wing	02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Elms Center	71 Elm Street Milford, NH 03055

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Glucosamine Capsule 500 mg (milligram) (Glucosamine Sulfate), give 1 capsule by mouth two times a day for supplement with the start date of 2/10/26 and scheduled to be administered at 9:00 a.m. and 9:00 p.m. was not administered on the following dates and times: 9:00 a.m.: 2/11/26-2/24/26 (14 times); and 9:00 p.m.: 2/10/26-2/12/26, 2/14/26-2/18/26, 2/20/26-2/22/26 (11 times). Metoprolol Tartrate Oral Tablet 100 MG, give 1 tablet by mouth two times a day for HTN (hypertension) with a start date of 2/10/26 was not administered on 2/10/26 at 9:00 p.m. Ramipril Oral Capsule 2.5 mg, give 2 tablets by mouth at bedtime for HTN with a start date of 2/10/26. Further review revealed the medication was not administered on 2/10/26 at 9:00 p.m. Calcium Plus D Chewable 650-12.5-40 MG-MCG (Calcium w/ Vitamins D and K), give 1 tablet by mouth two times a day for supplement with a start date 2/10/26 and scheduled to be administered at 9:00 a.m. and 9:00 p.m. was not administered on the following dates and times: 9:00 a.m.: 2/11/26-2/19/26, 2/21/26-2/24/26 (13 times); and 9:00 p.m.: 2/10/26-2/12/26, 2/14/26, 2/16/26-2/18/26, and 2/20/26-2/23/26 (11 times). Interview on 02/24/2026 at approximately 10:10 a.m. with Staff B (Registered Nurse) confirmed they did not administer the above Fluticasone Propionate, Glucosamine, and Calcium Plus D Chewable on 2/24/26 scheduled at 9:00 a.m. Interview on 2/24/2026 at approximately 9:54 a.m. with Staff C (Infection Preventionist) confirmed that the above medications were not documented as administered. Staff C confirmed that the Metoprolol Tartrate Oral Tablet was available in the facility's automated emergency medication dispensing system and should have been administered. Staff C revealed that Fluticasone Propionate, Glucosamine, and Calcium Plus D Chewable were not available or ordered. Staff C also revealed that the physician was not notified of the above missed administrations. Review on 2/24/26 of the facility policy titled, Unavailable Medications, Revision Date 9/30/25, revealed, .3. The facility shall follow established procedures for ensuring residents have a sufficient supply of medication. 4. Staff shall take immediate action when it is known that the medication is unavailable: .b. Notify physician of inability to obtain medication upon notification or awareness that medication is not available. Obtain alternative treatment orders and /or specific orders for monitoring resident while medication is on hold.5. If a resident misses a scheduled dose of the medication, staff shall follow procedures for medication errors, including in physician/family notification, completion of a medication error report, and monitoring the resident for adverse reactions to omission of the medication.